UNITED STA	ATES	DISTRIC	T CO	URT
SOUTHERN	DIST	RICT OF	NEW	YORK

JACK B. LEMONIK

ATTORNEY: Quadrino & Schwartz

against

Plaintiff(s), Petitioner(s)

Index No.: 08 CIV 5596

DATE OF FILING: 6/20/2008

MASSACHUSETTS MUTUAL LIFE INSURANCE

COMPANY

Defendant(s), Respondent(s)

AFFIDAVIT OF SERVICE

Page 1 of 1

STATE OF N.Y.: COUNTY OF NASSAU: ss:

I, H. Todd Goodman, being duly sworn according to law upon my oath, depose and say, that deponent is not a party to this action, is over 18 years of age and resides in Garden City, NY.

That on June 23, 2008 at 2:31 PM at NYS Department of Insurance, 25 Beaver St, New York, NY, deponent served the Summons & Complaint & Civil Action Cover Sheet upon Massachusetts Mutual Life Insurance Company, defendant/respondent/recipient herein.

Said service was effected in the following manner;

By delivering to and leaving a true copy of each to **Dora Lewis** personally, a person who stated to be an authorized agent to receive process service for **Massachusetts Mutual Life Insurance Company c/o NYS Department of Insurance**. Deponent knew said so served to be the described in said Summons & Complaint & Civil Action Cover Sheet as said defendant/respondent/recipient. Deponent knew the individual accepting service to be an/the **Legal Assistant** thereof.

Deponent describes the individual served to the best of deponent's ability at the time and circumstances of service as follows: Sex: Female Skin: Black Hair: Black Age(Approx): 64 Height(Approx): 5' 6" Weight(Approx): 150-160 lbs

I certify that the foregoing statements made by me are true, correct and my free act and deed. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Sworn to before me or June 25, 2008

Alan Leibowitz Notary Public, State of New York Registration No. 01LE6029931 Qualified in Nassau County

Commission Expires August 30, 2009

H. todd Goodman, License No. 1287748

Ultimate Process Service (516) 333-3447 Case No.: 94152